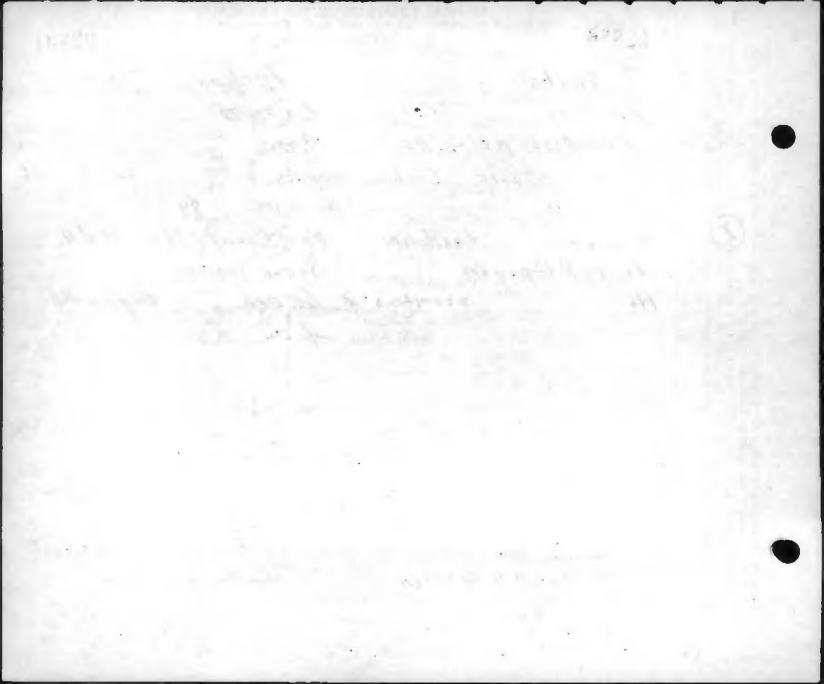
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> A15 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02856
CERTIFICATE OF DEATH
()2831

	V V V I
1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1311 7	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oylside corporate limits, write RURAL end give nearest town)
write RURAL and give nearest town)	
EASTON 1/8 asys	UX FORD 20-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	MARRIS YES NOW
3. NAME OF First Middle	Last 4. DATE Month Oay Year
(Type or print) OESSIE Graham	BUKINS BEATH 2 9 1966
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
+ W WIDOWED TO DIVORCED	APRIL 3, 1882 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired)	NEWT CHAIT / N/2 COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIOEN NAME
	San Control
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	THE ORMANIES AND A PART
140 170-74-3:0' MIL	istaly alpan orport
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET-AND DEATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) / WELLEN WELL W	Referention 11'LL TYPE
1040 DUE TO	
Cenditions, If any, which) (b)	
gave rise to immediate (
underlying even last	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
to the Hill	PERFORMED?
The socioes was unconstituted to the personal way with the socioes were the socioes were the socioes with th	YES NO NO
PARTII. OTHER SIGNIFICANT CONOCITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF GEATH CONTRIBUTING TO CAUSE OF GEATH CONTRIBUTING TO CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PARTII. OTHER SIGNIFICANT CONOCITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO CONTRIBUTING TO CEATH BUT NOTIFY MAS UNDERLYING TO CONTRIBUTING TO GEATH BUT NOTIFY OCCU	JRRED, (Enter nature of Injury in Part I or Part II) of Item 18.)
	nome - / · · · · ·
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA	rv street office bldg etc.)
Hour e.m. 22 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work	Homi Oxford Many bush
	19 8k to 9 Feb 156 that (1) (we) last
7+1	t death occurred at 6 5 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNEO
Meliste Harrisa M.	D. ATTENDING MED. DIRECTOR PHYS. 10 Felbl
220 DUVELPLAND	22d. AOORESS
NAME (Type) / HUPSTON TARRISON	Cartre harghand
232 BURIAL DREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) get iv. 6h Jarron	- Naleskas MI
24. FUNDRA DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Caro Clark & D	90 DATEFB 1 4 1968 Scharles Judge
casto. 11	TO DATE B 14 1960



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physocian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please the carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02857
CERTIFICATE OF DEATH
02832

	0285	3	CERTIFIC	ATE OF	DEATH		02832
1.	PLACE OF DEATH	at	MARYLA	a. ST	AL RESIDENCE (Where	deceased lived, If institu b. COUNTY	Dorchester
	b. CITY OR TOW write RURAL	IN (if outside corporate lin. and give nearest town) TO I, SPITAL OR INSTITUTION (if	nits, c. LENGTH OF STAY I		DR TOWN (If outside of Hurlock T ADDRESS	corporate limits, write	RURAL and give nearest town) 0 9 - 2 1 a. IS RESIDENCE
		1 -	sten		Fayler Aven	lue	ON A FARM? YES NO A
3.	NAME OF DECEASED (Type or print)	STeve	h Elwood		eus DEA	TH Febr	ruary 23 19 66
1	sex Male		100WED DIVORCED	Dec.	14, 1881	84 yrs. Mo	
dui	Broker	rion (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INOUSTRY INSURANCE		HPLACE (County & Sta lock, Maryl		12. CITIZEN OF WHAT COUNTRY?
13.	. FATHER'S NAM	Jeseph Bens	sen Andrews		HER'S MAIOEN NAME Mary Todd	•	
		EVER IN U.S. ARMEO FORCES (If yes give war or dates of servi Sp - Am.		Mr. Phi		Address ews, Hurled	ck, Maryland
		EATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUE TO any, which Immediate tating the OUE TO	Congestine Calcigue a		at fail	لمد	INTERVAL BETWEEN ONSET AND DEATH Uncertain
CERTIFICATION	Hupos 20a, ACCIDENT		ONTRIBUTING TO DEATH BUT NO				YES NO K
MEDICAL		INJURY Month, Day, Year m.	20d. INJURY OCCURRED 20 While Not While at work at work	e. PLACE OF INJU factory, street, o		. (City or town)	(County) (State)
		ceased alive on	attended the deceased fro 19, an V. Trever, M.D.	d that death oc M.D. ATTENO PHYS. 22d.	curred at M,	from the causes and	19, that (I) (we) last d on the date stated above. 2b. OATE SIGNED 2=23=66
	Burlal	ration, 23b. Oate ther Feb 26, 1	one of the same		emetery H	LOCATION (City, town	ryland
24	FUNERAL DIRE	стос	AOORESS	1 M		GISTRAR 25b. REGIS	strar's SIGNATURE

VR A15 (4) 20M 1/65

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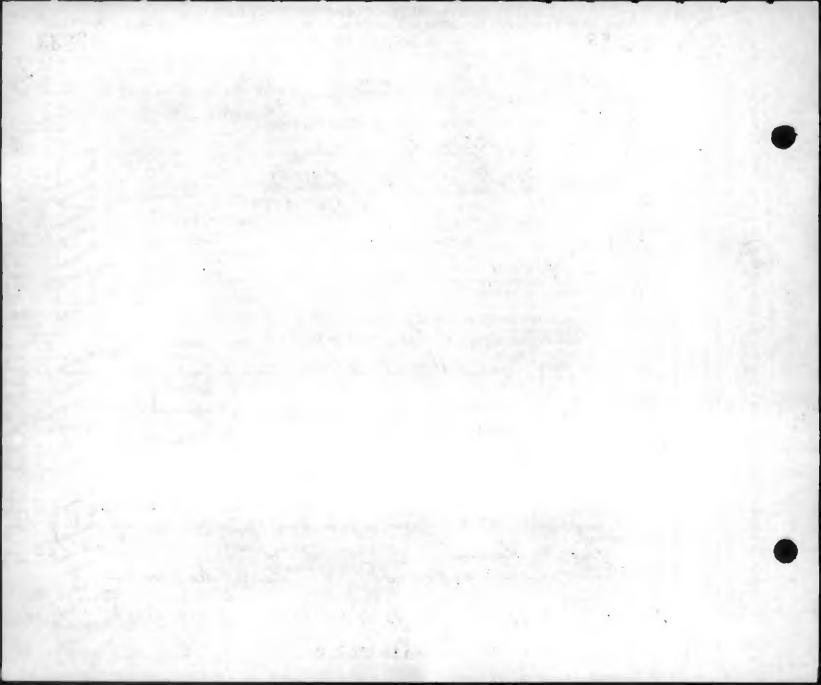
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death: death, 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY ges I after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours ASON VIIIE EASTON E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled within 72 ON A FARM? NO V YES completely to ve carbon p NAME DE First Middle DATE Month Year Last 4. Day DECEASED 2 event, (Type or print) E DEATH 1966 and con SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Oays | Hours | Min. 7. MARRIEO NEVER MARRIED 8. Months I in any (Oavs WIDOWEO DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work done i 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please during most of working life, even if retired) -NDUSTRY OP AD remova, 13. FATHER'S NAME MOTHER'S MAJOEN NAME SSAC 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. 0 (Yes, no, or unkown) ((If yes give war or dates of service) cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by the the burial-transit that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: un hullage signed ! IMMEDIATE CAUSE (a) burial. OUE TO Cenditions, If any, which (b) gave rise to immediate the r DUE TO cause (a), stating the underlying cause last. has 35 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY detached for use te Dept. of Health for use Health use PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After d be d at work at work p.m. 1966 the that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should filed with the and that death occurred at 10 saw the deceased alive on A.M. from the causes and on the date stated above. 228. SIGNATURE DATE SIGNED page ATTENDING STAFF PHYS. OIRECTOR M.O. PHYS. Page 4 may HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. AOORESS director, p NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) urial ADDRESS REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 25a. REC'O BY REGISTRAR 25b. A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT

the funeral State Department hours after death. ay it 3 to t 2, and PM3. P 2 with within ive Pages 1, with form event Give EXAMINER: This partificate silouid be executed within 24 hours after certificate, writing the word "bending" in pencil in Item 18. Give nould be forwarded to the Chief Medical Examiner's Office along w pages 1 in any permit. removal, t burial-transit p cremation, or r 60 used as to burial, 5 6 PE 3 should agent, p execute the certificate or. Page 4 should be for dor your files. CTOR: Page designated DIRECTOR: Its OL O FUNERAL I please ey director. retained

death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF DEATH CERTIFICATE PLACE OF DEATH a. COUNTY Talbot USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATEMaryland b. COUNTY Talbox MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE Aurora Street Marshall & Nursing NO L Home NAME OF DATE Year Middle Last Month DECEASED OF 10/1966 Henrietta Bartlett DEATH (Type or print) AGE (In years LIF UNDER 1 YEAR IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Jast birthday) Months | Days MIn. Hours WIDOWED OIVORCEO [emale CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) Talbot (o Maryland Housework 13. FATHER'S NAME Henrietta Kirbu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Cambridge, Md. none no ONSET AND BEATH CAUSE OF DEATH I Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? YES T NO DE 0 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year | factory, street, office bldg., etc.) Hour a.m. While Not While at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Undetermined manner Suicide Homicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county NAME (Type) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. OATE THEREOF 23c. REMOVAL (Specify) Burial aston.

25a. REC'O BY REGISTRAR

25b.

REGISTRAR'S SIGNATURE

Carles

VR ALSME (5) 5M 1/65

24. FUNERAL DIRECTOR

Manager Committee of the Committee of th

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dealth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages Y and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, in the high event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

UZOOU CERTIFICAT	E OF DEATH	06000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission
TALBOT	a. STATE Kentucku b. COUNTY	Pike.
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	
write RURAL and give nearest town) 17 hrs.	Justiceville (nunal)	15-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Memorial	RFD	ON A FARM?
B. NAME OF First / Middle	Last 4. DATE Month	Day Year
OFFICE (Type or print) James Mehroe	Blevins DEATH 2 -	10 -19 66
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDE	R 1 YEAR IF UNDER 24 HR
male white WIDOWED DIVORCED	4/6/1800 tast birthday) Months	Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
uring most of working life, even if retired) INDUSTRY	Pike Kentucku	OUNTRY?
G. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Matt Blevins	Sarah Mullins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	Mrs. James M. Blevins. Ridgle	nd:
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive	heart On Ourse	ONSET AND DEATH
4200 DUE TO 0	0	5
[Conditions, If any, which] (b) arterioscle	rotic heart disease	à
gave rise to immediate cause (a), stating the DUE TO		B
underlying cause last. (c)		\$'
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CIFE STHER, NOTIFY MEDICAL EXAMINER	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
		unty) (State)
Hour a.m. p.m. 19 at work at work	ary, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19	, that (I) (we) last
	at death occurred at 5 M, from the causes and on	
22a. SIGNATURE	22b.	DATE SIGNED
Robert W. Trever M.		
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
Robert W. Inevon	Caston, Maryland	
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burial 2/12/1966 Johnson Men	nonial Pank Pikeville, Ku.	US OLOMATI IDE
24. FUNERAL DIRECTOR ADDRESS		
MALIALOS E MALTONAMI YOUR EMALE	m MAREE 1 5 1966 Policare	les models

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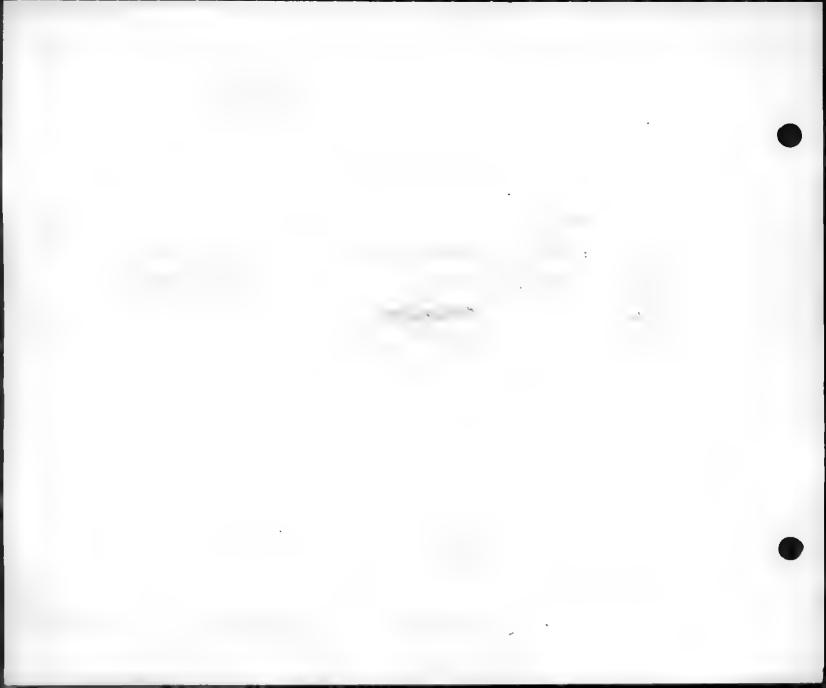
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MARYLAND STATE DEPARTMENT OF HEALTH

	1 12		Division of S	MAKYLAND STATE DI TATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, M.	ARYLAND 21201
FOR	STATE		02861	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02836
EALTI	H DEP		PLACE OF DEATH O. COUNTY Talkot	/- MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if a. STATE MACY AND	nstitution Residence before admission) COUNTY ARCLINEY
delay and 3 t M3 Poo	tment er deat		b CITY OR TOWN (If outside corpora write_RURAL ond give nearest for	wn)	c CTY OR TOWN (If outside carporate wents, wa	de RURAL and give neorest town)
1 Cily	ate Department at hours after deat		d NAME OF HOSPITAL OR INSTITUTION	IN (if not in hospital, give street address)	d STREET ADDRESS	e is residence on a farm?
death. ? Page with f	ne St 72		NAME OF DECEASED (Type or print)	First School K	ost 4 DATE OF	Month Day Year
s after 18 Give adema			SEX 6 COLOR OR R.		B DATE OF BIRTH 9 AGE (In ye lost burner)	DIS FUNDER 1 YEAR IF UNDER 24 HRS.
24 haurs in Item 1 is Office			Oa. USUA. OCCJPATION (Give kind of wo uring model working tereven if retired BUS RIVE	ADJUSTRY	11 BIRTHPLACE (State or fareign country) (ARCHINECO.)	nd. 12 CITIZEN OF WHAT COUNTRY? 15 A
within in pencil is Examiner	File page		FRED BRU	MMEIL	HARRIETT MC G	? & &
- Ted			IS WAS DECEASED EVER IN U.S. ARMED F Yes, no, ocunknown) (If yes give war a		INFORMANT	Address
be exect "pending hiof Medi	burial-transit permit. matian, ar remaval,		PART I DEATH WAS CAUSED I	one couse per line for (a), (b) and (c)) RY (AUSE (a) (AUSE (a)	heck+ Amosthesia	INTERVAL BETWEEN ONSET AND DEATH
shauld te ward o the (a burial-tr		Conditions, if any, which gave rise to immediate cause (a),	(b) framine to	me + mental up	wehensien
writing the	as a		stoting the underlying cause lost.	DUE TO (¢)	, , , ,	
5 e S	5 2	1	PART I OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO
certificat	es haula b	1		20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part II of item !	e/e
te the	age 3s		20c TIME OF INJJRY Month, Day, Haur a.m. p.m.		ACE OF IN.JRY (Home, farm, 201. (City at tov ctary, street, affice bldg., etc.)	vn) (Caunty) (State)
execution Pop	etained far y DIRECTOR: Pa s designated		21. I certify that I took death resulted from:	charge of the remains described above, the Natural causes Accident . Sui	eld an Autopsy , Inspect on ,, cide , Homicide , Undetermine	Inquiry, and in my opinion and monner
please	DIRE DIRE		ACTUAL SIGNATURE SON	in / Nety	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MED CAL EXAMINER	22. DATE SIGNED
necessary, the funera	5 may be re ro FUNERAL Health ar .ts		EXAMINER'S NAME (Type)	XMELTY	Address (Street, city, town, or county)	2-19-66
nece	25	1	L-REMOVAL (Specify) (2-	- 11/20-0000-1	una Cemeter Federal	charge a roline mel
٧	R A15ME (5)	4.	24. FUNERAL DIRECTOR	shill Ensten by	DATE EB 24 1966	Jelianley Judge



DIVISION OF STATISTICAL PESSARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) PLACE OF DEATH a. COUNTY Talbot & COUNTY Talbot . STATE Maryland by the land 2 and 2 death. MARYLAND b. CITY OR TOWN (if outside comprate limits E LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give negrest town! write RURAL and give nearest town) EASTON Pages days filled i d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve store address)
HOUSE IN THE PINES - LANTON d STREET ADDRESS . IS RESIDENCE hours 95 209 BROOKLETTS YES IT NOT papers. 72 hot completely 3 NAME OF Firet Middle DECERSED HERALD GILBERT c (Type or print) bon withiw 5. SEX AGE IN Years HE UNDER 1 YEAR IF UNDER 24 HRS. A. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH pue last birthday) Hours MALE Monthal Days 18 certificate WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTRY L12 CITIZEN OF WHAT COUNTRY? SIRTHPLACE (County & State, or fore on country) done during most of working life, even if ratired DAIPHTALBOT COUNTY, MT. RETIRED please 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME HOPKINS SHSAN Then loval, a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknwn) | (If yes nivewer or dates of service) EASTON- MT/ permit, or rem 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). þ INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CALISED BY. IMMEDIATE CAUSE (a) burial-transit **BUF TO** Conditions, if env. which (P) gave rise to immediate cause DUE TO (a), stelling the undarlying cause lest. (c) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY S 0 CERTIFICATION PERFORMED? r use NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Pol 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part I of Item 18.) Health detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dey, Year ㅎ may be retained DIRECTOR: A 3 should be deta factory, street, office bldg., etc.) Hour a.m. While Not While at work el work 22a. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF O HOSPITAL death. Page 4 O FUNERAL director, page 3 be filed with the RaRent W DIRECTOR PHYS. PHYS. 22d. ADDRESS 22e. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY S & S 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) SPRING HILL CEMETERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S STGNATURE VR A1S (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



completely filled in by the funeral carbon papers. Pages 1 and 8 event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

	MARYLAND STATE DE	PARTMENT OF HEALTH	ADVIGAND
	02863 CERTIFICATI	F OF DEATH	12838 /
l.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission)
	TAILOT MARYLANO	walk, sag	711-6
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	ud Blag usatest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Memorial	Newton Road	ON A FARM?
),	NAME OF FIRST MIddle DECEASED (Type or print) Pair to a b d / 2 to Tab (Last 4. DATE Month OF DEATH	Oay Year
j.		8. DATE OF BIRTH 9. AGE (In years LIFUNDER)	
	Male "ni'e WIOOWED OIVORCED	Februar, 1910 5 yrs. Months C	Days Hours Min.
0a lur	INDUSTRY OUT OF BUSINESS OR INDUSTRY	COU	IZEN OF WHAT
13.	FATHER'S NAME	Carcline County, I'.	-S. \.
	L. Clayton Carroll	Sallie E. Poole	
15 Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
	**>	rs. Martha D. Cook, Federal hur	
	PART I. DEATH WAS CAUSED BY: Ventricular Fib. IMMEDIATE CAUSE (a) Dilatattion	billation.Right ventricula	INTERVAL BETWEEN ONSET AND DEATH INUTES
	conditions, if any, which	ctive Emphysema	25yrs
	cause (a), stating the underlying cause last. OUE TO Intrinate and expenses are expenses and expenses are expenses and expenses are expenses and expenses and expenses are ex	xtrinsic Bronchial Asthma	life
2010	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOTRELA	ITEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
NCU.	20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDIANE	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAI factor 20m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 6	/10 , 197 , to 2/8/66 , 19	_, that (I) (we) last

saw the deceased alive on_ and that death occurred at /2 AM, from the causes and on the date stated above. 22b. DATE SIGNED 2/9/66 SIGNATURE 22a. ATTENOING PA MEO. OIRECTOR STAFF PHYS. muce M.O. PHYSICIAN'S NAME (Type) Mary; and Harold B .Plummer BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23a. DATE THEREOF LOCATION (City, town or county) (State) Junior OrJer Te stery Pro ADORESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b. 24. **SUNERAL DIRECTOR**

VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after dunth. and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, I) institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY / fille∎ in by the fu papers. Pages 1 a hin 72 hours after g Caroline, MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) ours Rural Greensboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? None YES TE NO completely i ithi. 3. NAME OF DATE Middle Last Month Day Year DECEASED OF DEATH event, 1966 (Type or print) SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. Last birthday) | Months | Days | Hours | Min. remave 7 MARRIED NEVER MARRIED 8. 12-18-1898 alld DIVORCED [WIDOWED Male White 5 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease Farming during most of working life, even if retired) COUNTRY? Maryland USA death mertificatm ä removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Carter Virginia Satterfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ransit permit. (Yes no, or unknwn) (If yes give war or dates of service) 0-34-9260 Agnes Carter Greensboro. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH á PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed burial-tra burial, cr 1000 DUE TO Conditions, If any, which been rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use PERFORMED? certificate CERTIFICAT NO [or 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part || of Item 18.) detached fr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) (County) State factory, street, office bldg., etc.) Hour a.m. - Not While After d be d While D.M. at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 to. shoul DIRECTOR: 19.66, and that death occurred at 2.43M, from the causes and on the date stated above. saw the deceased alive on 3 sho 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF M.D. DIRECTOR PHYS. S FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Page 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 2 Burial Specify) 2-8-66 Greensboro Greensboro ADDRESS FUNERAL DIRECTOR REC'D BY

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



FOR STAFE HEALTH DEPT

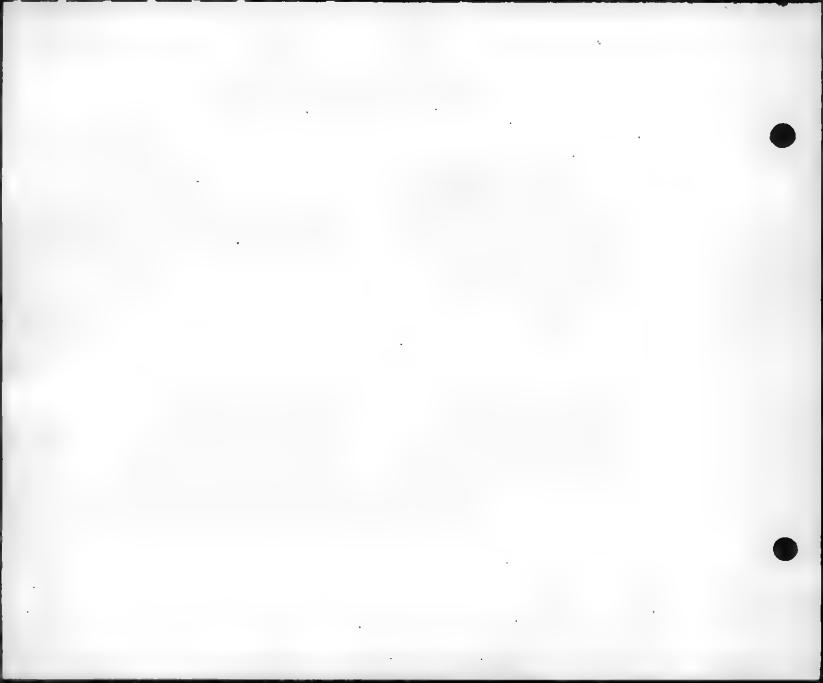
TO DEPUTY MEDICAL EXAMINER: This certificate should be enguted within 24 hours after death. If any delay essary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to fineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire Dages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and pay event within 72 hours after death. Fire pages 1 and 2 with the State Department of the pay event within 72 hours after death.

VR ALSME (5) 5M 1/65

	MARYLAND STATE DEPARTMENT OF	HEALTH
Division of S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLANI
62865	MEDICAL EXAMINER'S CERTIFICATI	E OF DEATH
11/1/10	MEDIOAL EXAMINER 5 OFKIN IOAN	L UI DENIN STATE

-	62863 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (\$284)
1.	+ ANTIBOT
	a. STATE MARYLAND a. STATE MARYLAND TA BOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Schotara Bolows-4- bio Kural EASTOIX: -1
,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE, ON A FARM?
	VES NO M
3.	NAME OF CV. First O A Middle C Last 4. DATE Might Day Year
	(Type or print) & tuya tetti, (curaly DEATH fet. 1 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	WIDOWED DIVORCED TOPE, 13, 1916 49 yrs.
1 [dj.	IA. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
6	ABORER TOMESTIC JAIDOT, Ma. 1/12/1
I	A. FATHER'S NAME
L	TAKENCE (2ROWN /INA 12ENSON
1 0	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (et., no, or unknown) (If yes give war or dates of service)
	No William H'Cauxey Lt. 2. Coslor that
	18. CAUSE OF DEATH [Enter only one cause per]line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	2 3 / IMMEDIATE CAUSE (8) WE LACE T WOTH O GIVE
	Conditions, if eny, which }
	gave rise to immediate
	cause (a), steting the DUE TO underlying cause lest,
l s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
N E	PERFORMED? YES X ND
CERTIFICATION	2DB. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
E E	PRIMARY or CONTRIBUTING CAUSE OF DEATH.
CA.	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
MEDICAL	Hour e.m. While Not While at work at work
1	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Matural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
,	EXAMINER'S NAME (Type) WELT FORDINAL EXAMINER L Address (Street, city, town, or county)
23	BURGAL CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State)
	Serial 2-1-60 seenders Membred Collision Ma.
1	ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	fames 12. Washell Carlor Met. B & 1858 " in Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Talbox

Day

Days

12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM? YES T

Year

1966

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO Z

(State)

(State)

PERFORMED?

YES

DATE SIGNED

(County)

town or county)

REGISTRAR'S SICNATURE

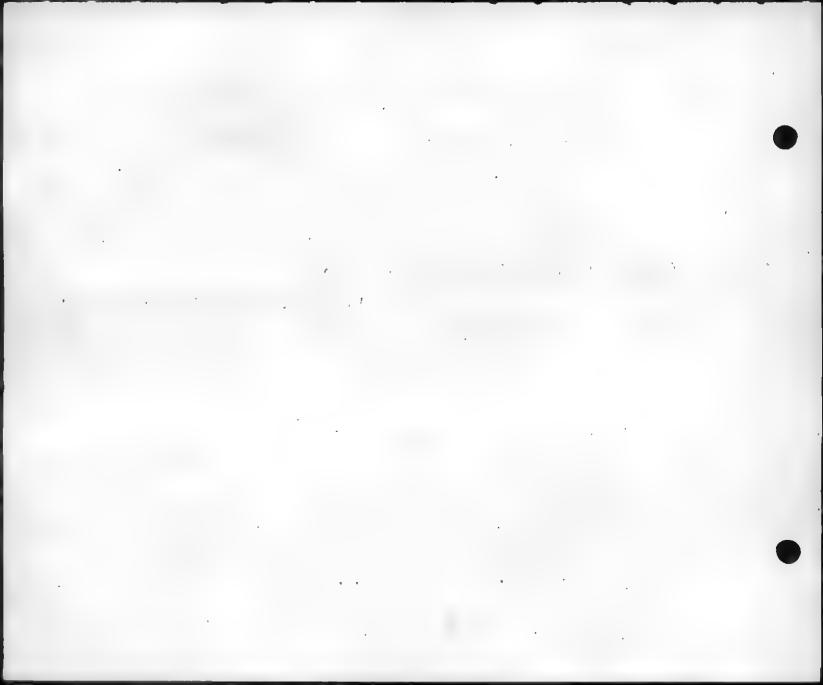
ND

VR A15 (4) 1/65 20M

Inch 1

MARYLAND STATE DEPARTMENT OF HEALTH <u>DIVISION</u> OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND UZZLD CERTIFICATE OF DEATH after death. and 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b etely filled in by the bon papers. Page within 72 hours a write RURAL and give nearest town) hours 01 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO etely executed within NAME OF First 4. DATE Month Middle Last DECEASED 2 (Type or print) DEATH 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIEO last birthday) | Months | Days Hours WIDOWEO DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working) life, even if retired) 10b, KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sicialn lease r PETIRED F death certificate ᆸ MOTHER'S MAIDEN NAME removal, attending phermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ermit. 5 (Yes, no, or unkown) I(If yes give war or dates of service); cremation, 18. CAUSE OF DEATH TEnter only one cause per line for (a). The law requires that the -transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY: DAY IMMEDIATE CAUSE (a) signed been signer the burial-f DUE TO 4125 Conditions, If any, which (b) rise to immediate OUE TO cause (a), stating the prior underlying cause last. 98 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for Jse Health PERFORMED? ICATI certificate No CERTIF is ceretached for 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20g. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) del factory, street, office bldg., etc.) State Hour a.m. Not While After d be d ATTENDING at work n.m. at work retained 21. I certify that (1) (this hospital) attended the deceased from 2 - 24 2-24 DIRECTOR: and that death occurred at DM, from the causes and on the date stated above. 3 sho saw the deceased alive on OATE SIGNED 22a. SIGNATURE ATTENDING STAFF 25-10 page OIRECTOR PHYS. M.D. PHYS. TO HOSPITAL PHYSICIAN'S AOORESS FUNERAL TO FUNERA director, should be Stephen NAME (Type) P. Carney Easton, Maryland (State) BURIAL GREWATTEN. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. 25a. RECID BY REGISTRAR 25b. REGISTRAR VR A15 (4) 20M 1/65

26=16



TO MISPITAL OR STEELING PHYSMIAN: The law sequires that the death certificate be executed within 24 Bours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERIL DIRECTOR. After this certificate has been signed by the attending physician and commetely alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O2259
CERTIFICATE OF DEATH

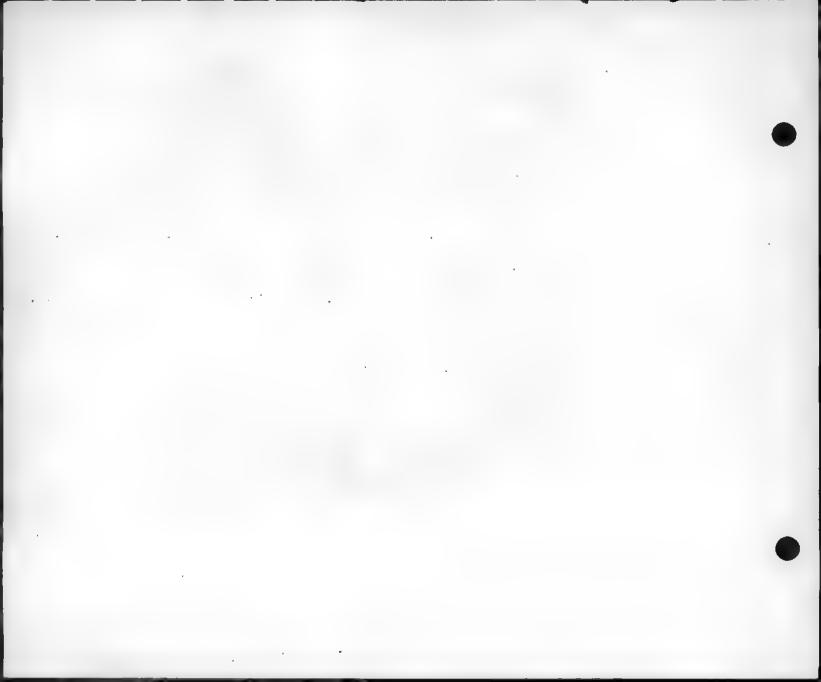
T/AC	
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
Talbox MARYLAND	Maryland Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and, give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Easton (rural) Liletime	Easton (rural)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM3
	YES NO NO
3. NAME OF BECEASED (Type or print) Pency Alton Gregory	Last 4. DATE Month Day Year DEATH 2/8 166
SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white WIDOWED OIVORCED	9/25/1902 63 yrs. Months Days Hours Min.
10a, USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT
Bridge operator State of Md.	Talbot Manuland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James P' Crossey	Clasa Lomax
15. WAS DECEASED EVER IN U.SARME FORCES? 16. SOCIAL SECURITY NO. 1. (Yes, no, or anknown) ((If yes give war or dates of service)	, INFORMANT AGENCY 511
no 213-01-8207 M	rs. P. Alton Gregory, Easton, Nd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quete myoc	ardial infarction Imini
	d: d. d. several
(0)	otic heart disease years
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	,
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRI	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
LO L	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RI 20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OF OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LAGE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F Hour a.m. While Not While far p.m. 19 at work at work	tory, street, unice stug, etc.)
	Jept. 23, 1963, to Feb. 8, 1966, that (1) (we) last
	hat death occurred at 33 M, from the causes and on the date stated above.
22a. SIGNATURE 17 1 12 1/11	ATTENDING MED. STAFF
	M.D. PHYS. DIRECTOR PHYS. PHYS.
122c. PHYSICIAN'S NAME (Type) Dale R Kollman	M. P. 12 N. Hanson St.; Easton, Md.
ALMOVAL (Engelsy)	ERY OR CREMATORY 23d. LOCATION (City, fown or county) (State)
DUNIAL 2/10/1900 3 pring, Hi	
24. FUNERAL DIRECTOR AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MURICE E. NEWNAM & SON: Easton, Mil	1 DEFER 1 1 1000 Peliante Judge

VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Talbot MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. 1 write RURAL and give nearest town) hours Tilghman .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? ND X YES etelv carbon 3. NAME DE First Middle Last DATE Month Day Year DECEASED 2 compl (Type or print) add acuar DEATH 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8, 7. MARRIED NEVER MARRIED last birthday) Months | B 189 WIDOWED June 23 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY Ret. Janiter Maint. Talbet Co., Maryland USA certificate phys 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME attending parmit. Ther James E. Haddaway Annie Bassett 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO INFORMANT 6 cremation. Clifton Haddaway 18. CAUSE DF BEATH | Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN been signed by the burial-trans.to to burial, creman ONSET AND DEATH PART I. DEATH WAS CAUSED BYattending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last, CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY r this certificate to detached for use te Dept. of Health for use Health PERFORMED? YES hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work While p.m. at work 0 the 21. I certify that (i) (this hospital) attended the deceased from ORECTOR: age 3 should lifed with the M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 221 SIGNATURE DATE SIGNED page ATTENDING DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS FUNERAL 22c. director, p NAME (Type) 2-28-66 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (City, town or county) (State) #EMDVAL (Specify) 0 ADDRE FUNERAL DIRECTOR REC'D BY REGISTRAN 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65





FOR STATE

PERIOTY MEDICAL EXAMINED. This certificate should be executed white in Item 18 Give Pages 1, 2, and 3 to necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to

5 may be retoined for your files.

VR A15ME (5)

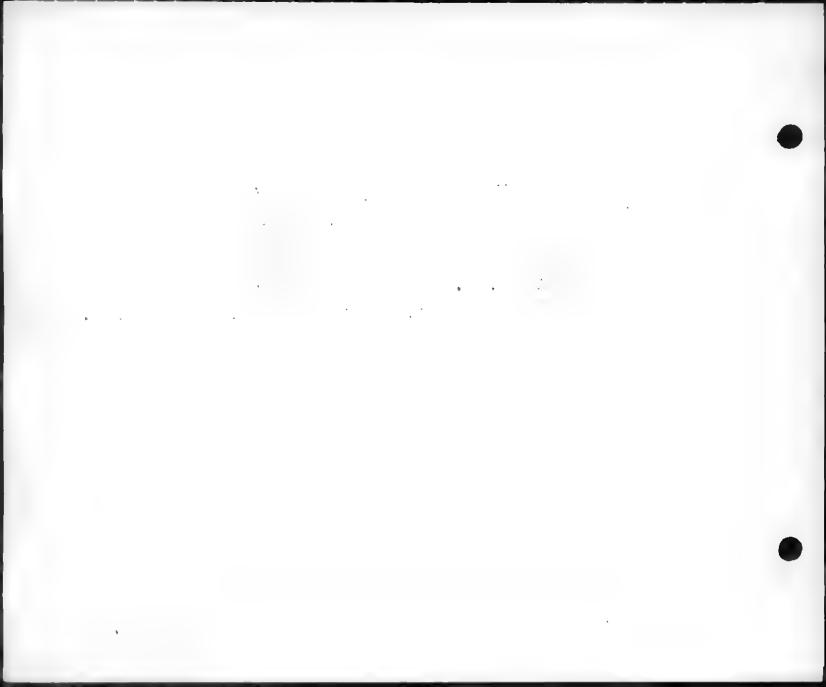
TO DIPUTY MEDICAL EXAMINED. This certificate should be executed within 24 hours ofter Teath If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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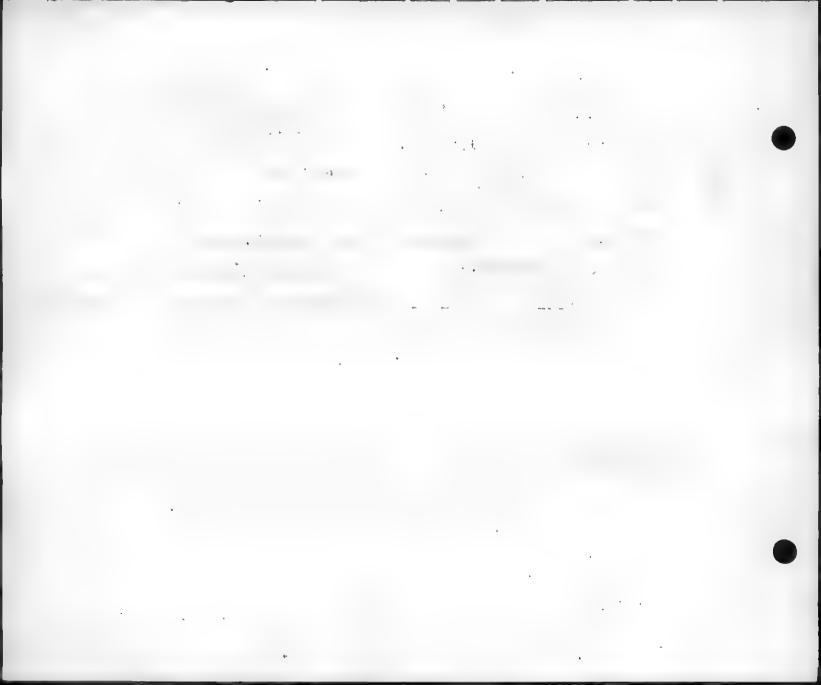
	02872	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02849
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if instit	
	a COUNTY TALBOT	MARYJAND	a STATE Manufand	Talbot
-	b CTY DR TDWN (If autside carparate		c CITY OR TOWN (If adiside carparate imits, write R	
	write RURAL and give nearest tawn		Easton	2 /
	d NAME OF HOSPITAL DR INSTITUTION		d STREET ADDRESS	e IS RES DENCE
		HOSPITAL	412 Goldsboro Stree	ON A FARM2.
_	MEMORIAL			
3	NAME OF DECEASED	First Middle		onth Day Year
_	(Type ar print)	HARRY FI	ORRING-TON BEATH 7	20 1966
	SEX 6 COLOR OR RAC		B DATE OF BIRTH 9 AGE (In years lost birthday)	Manths Days Haurs Min
	IN VY	W DOWED DIVORCED	72/13/1913 52 yrs	
)(USUAL OCCUPATION (Give kind of work upp most of working life, even if retired)	done 1Db KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
1	vaterman.	INDUSTRI	Maryland	OSHY?
3	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Harry Harrin	ozon. Sn.	Lucy (hance	
15	WAS DECEASED EVER IN U.S. ARMED FOR	TES? 16 SOCIAL SECURITY NO 17		lress
(74	es, no, ar unknown) (If yes give war ar d	212-10-7947 M	iss Lola Harrington, Ea	ston, Md.
	IR CAUSE OF DEATH (Enter on v or	e cause per line (or (a), (b), and (c))	/ "	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY	Mountagella V	reclusion	ONSET AND DEATH
	4201 IMMEDIATE C	DUE TO	0.011	1
	Canditions, if any, which gave			
	rise ta immediate cause (a), ((b)		
	stating the underlying cause (
		(C)	THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
6	THAT I DIRECTORDING CONDING	CONTRIBOTING TO DESCRIBE BUT NOT KELATED TO	THE TENNINAL DISEASE CONDITION GOVERNIN PART I(0)	PERFORMED?
2	AD- EVICANA CA CE IMAC	AND DESCRIPT ON HID BY AND ADDRESS.	(Francisco)	YES ND
CEK!	2Da EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	ZOP DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)	
7	CAUSE OF DEATH			
MEDICAL	20c TIME OF NURY Month, Day, Ye		ACE OF INJURY (Hame, farm, 2Df (C ty ar tawn) tary, street, office bldg., etc.)	(Caunty) (State)
111	RUHAM	19 of work at work	marit manit anno manit arct	
	21. I certify that I took d	rarge of the remains described above, hi	eld an Autopsy Inspection . In	guiry , and in my opinion
	•		cide . Homicide . Undetermined	
		11/11/11	CHIEF MEDICAL EXAM NER	
	ACTUAL SIGNATURE	is Milly	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S	46,51	DEPUTY MEDICAL EXAMINER	2->0-66
	NAME (Type)	XXETI	Address (Street, city, tawn, ar county)	2 10 66
230	BURIAL, CREMATION, 23b DAY	E THEREOF 23c NAME OF CEMETERY OR		lawn) (County) (State)
	Burial 2/2	2/1966 Greensborg		As A .
24	FUNERAL DIRECTOR	ADDRESS		REGISTRAR S, SIGNANURE
N	hurse E. Va.	Many EASTON		Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 381 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY lours after 60 TAL MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b. write RURAL and give nearest town) hours 10 days ASTON Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Filled d. STREET ADDRESS MEMORIAL NO TO 1 ely 3. NAME DE Year First Middle DATE Month Last DECEASED NE rner HARRISON 1966 (Type or print) DEATH teb execute AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED [NEVER MARRIED and any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Ē 10a. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) physician ease þe during angest of working life, even if retired) and MOR F certificate ㅁ removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 the attent t permit. ö (Yes, ne, or unkown) , (If yes give war or dates of service) cramation, INTERVAL BETWEEN burial-transit burial, cramati CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND REATH á PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO been sig Cenditions, If any, which gave rise to immediate 흡유 DUE TO cause (a), stating the Drior underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate has be detached for use State Dept. of Health for use Health PERFORMED : YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work K D tained that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF page filed 11ta666 allen PHYS. M.D. PHYS. may ADDRESS FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME (Type) Cuetre Cach Page NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. 23d. 23b. 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



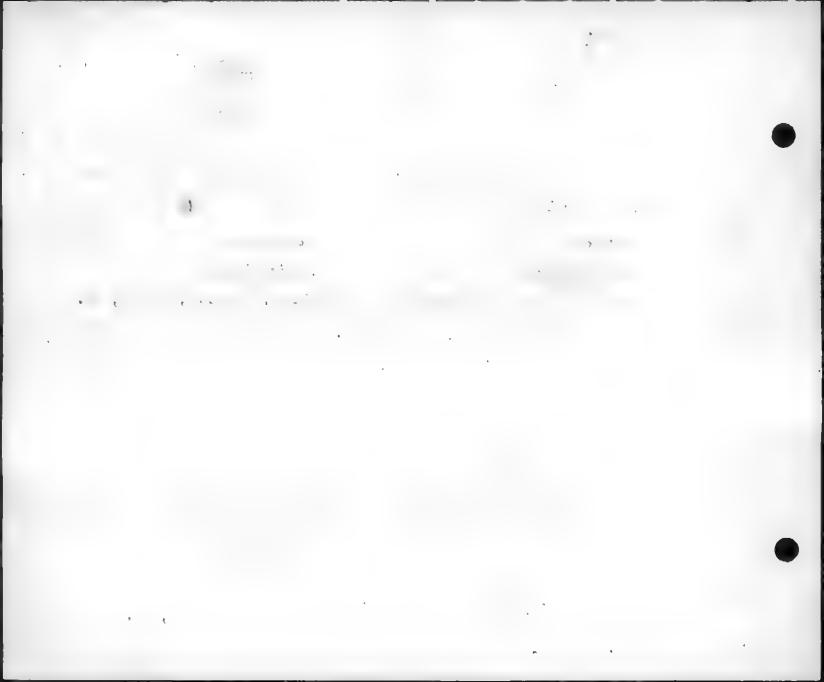
an completely filled in by the funeral stands of the forest of the fores TO MOSEITAL AR ATTENDING MEYNESIAN: The law requires that the Beath certificate be executed within 24 hours after Meath.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and

MARYLAND STATE DEPARTMENT OF HEALTH

-1		DIVISION OF STATIST	ICAL KESE	ARCH AND REC	UKUS,	301 W. PRESIU	A SIKEEI, BI	ALIIMUKE 1,	MARYLA	MD
		92874		CERTIFIC	CATE	OF DEATH			#385) [
1	1.	PLACE OF DEATH a. COUNTY		MARYL		2. USUAL RESIDENCE a. STATE	Miratinia uczysk	red, If Institution b. COUNTY	Residence be	fore admission
		b. CITY DR TOWN (if outside corpo	rate limits,	c. LENGTH DF STAY		c. CITY DR TOWN (If	outside corporate	limits, write RUF	AL and give i	nearest town
		write RURAL and give nearest t	own)	Idam & F	221	7,	rappe			1
		d. NAME OF HOSPITAL DR INSTITUT	TON (If not In I	nospital, give/street ad	dress)	d. STREET ADDRESS				S RESIDENCE
•		memorial.							YES	ND ND
	3.	NAME OF DECEASED	First	Middle		[] Last	4. DATE	Month	Day	Year
i	5 -	(Type or print) /// SEX 6. COLOR DR RAC	rigar	e) LAVIN	1 0	HOSSISON	DEATH 9. AGE	(In years IFUND	ER 1 YEAR HE	19 66
		E 4 1 1 1	F. 411	NEVER MARRIED		8/24/1010	last	birthday) Month		lours Min.
		hemale white	WIDDWED	DIVORCED KIND OF BUSINESS OR		11. BIRTHPLACE (Col	unty & State, or fore	yrs.	CITIZEN DF	WHAT
		ing most of working life, even if reti		INDUSTRY		A		- Mit contrally 12.	COUNTRY?	
	13.	HOUAEWOAR FATHER'S NAME			1	Dorchess 14. Mother's maidi	CEA EN NAME			
		Albert Andrews				Addie F				
		. WAS DECEASED EVER IN U.S. ARMED		SOCIAL SECURITYND.	[17. II	FORMANT	Ly was t	Address		
	(Ye	s, no, or unkown) (If yes give war or date	s of service)	none	1	Daniel L. H	Harrison.	Trappe,	Molo	
ı	=	18. CAUSE DF DEATH [Enter only	one cause per	line for (a), (b), and (c).]				INTERV	AL BETWEEN
		PART I. DEATH WAS CAUSED		and the	uaa	ing Pt	ho, ara	2008t	ONSET	AND DEATH
		IMMEDIATE CAUS			-3-3	270	<u> </u>	The state of the s		5
		Conditions, If any, which) DUF TO Quite surelest bronchitis								
		gave rise to immediate (cause (a), stating the Di	E TO					24		
		underlying cause last.	(c) 25t	as white	Th	maticu	لم			ξ.
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDI	TIONSCONTRIB	UTING TO DEATH BUT NE	TRELATE	D TO THE TERMINAL D	ISEASE CONDITION	GIVEN IN PART 1	(a) 19. W	AS AUTOPSY ERFORMED?
ε	FICA								YES [□ NO D
	ERT1	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAI	ATH 20b.	DESCRIBE HOW INJUR	Y DCCURF	RED. (Enter nature of	Injury in Part I of	r Part II of Item	18.)	
	, ,						1 42 3 42 1			(ma - 8 - 1
	MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m.	, Year 20d. While		e. PLACE factory,	DF INJURY (Home, far street, office bldg., et	m, 20f. (City o c.)	r town) (County)	(State)
	ME	p.m. 1								
		21, 1 certify that (1) (this ho	spital) attend			, 19	V83		, that	
		saw the deceased alive or		19, an	d that d	leath occurred at	M, from the	e causes and pi	n the date s	
ı		Robert	WI	Tenter	44 P		IED. ST	AFF	01112	
		22c. PHYSICIAN'S		<u> </u>	M.D.	PHYS. D	INECTOR Pr	175.		
		NAME (Type)								
	23a	BURIAL, CREMATION, 23b. DAT	1966	Spring H	AFTERY O	R CREMATORY	C .	N (City, town or	county)	(State)
)	24	. FUNERAL DIRECTOR	, , , , , ,	ADDRESS		25a. REC	D BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	URE
1	1)	1/0. 7 /	11.	50.	,	/ 550	1 / 1000	AMP	R i	de
V	14	Jaurel M. Will	MM	AN MAZ	+4V	DATELD	1 1 000	1 /	1	9

VR A15 (4) 20M 1/65



	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
÷	EN EN	1	02875 CERTIFICATE OF DEATH 02852
death.	funeral and 2 death.	T	- ACHIEV
	- H	1	MARTIAND MARTIAND
after	by the Pages urs aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours	= 0		St. Michaels 5yrs Bishop
Ž.	filled papers in 72 t		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1 22	tely filled i		Reo Vista Nurging Home RFD YES X NO
within		3	NAME OF BECEASED (Type or print) NAME OF Samuel Howard OF First Day Year OF DEATH Feb. 5 19 66
	in and complete care in any event,	1 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) FUNDER 1 YEAR FUNDER 24 HRS.
executed	remove n any eve	/	Market Widowed No Divorced Feb. 14, 1870 Jaspoirthday) Months Days Hours Min.
þe	sician a lease re and in a	1 d	Da. USUAL DCCUPATION (Give kind of work done index with the country) 12. CITIZEN OF WHAT uring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY? WAT Chief h
death certificate	ending physician it. Then please or removal, and in	1	John Howard 14. Mother's Maiden Name Kathryn Selby
iii cei	tendinit. T	(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 156-12-7747 Horack Johnson Selbyville, Del.
deat	the atten t permit. ation, or	-	
requires that the	. 5 E		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CVCVC2 NOVELOS 15
es that	signer burial-t burial,		conditions, if any, which DUE TO Arteriosclerotic Cerchrol Voscular Dis 10 y
requir	the t		gave rise to immediate cause (a), stating the DUE TO
aw Hen	Pri as	Z	underlying cause last.) (c) PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
The	ificate h for use Health	1747	PERFORMED? YES NO TO
2 نو	this certificate detached for use Dept. of Health	CEPTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSI	tact Dept		
	After 1 After 1 d be do State	MEDICAL	Hour a.m. p.m. 19 at work at work
TTENDING	E S E	"	21. I certify that (I) (this hospital) attended the deceased from JUNC 17, 1959, to 121, 5, 1966, that (I) (we) last
	Shot th th		saw the deceased alive on 5 10 10 10 10 10 10 10 10 10 10 10 10 10
OR A	DIRECTOR: A age 3 should lied with the		228. SUMATURE 22b. DATE SIGNED ATTENDING MEB. STAFF 7 7-7-66
	_ 🗀 💯 👑	1	M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN 22c. PHYSI
TIL V	be, or,		NAME (Type)
O HOSPITAL	o FUNERAL director, pa should be fi	2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2°	2 to to		3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Bishonville,d. (State)
	S		24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
	A15 (4)	8	Teter Whaling Selliquelle, Del. DAFEEB 1 4 1956 Montes Judge

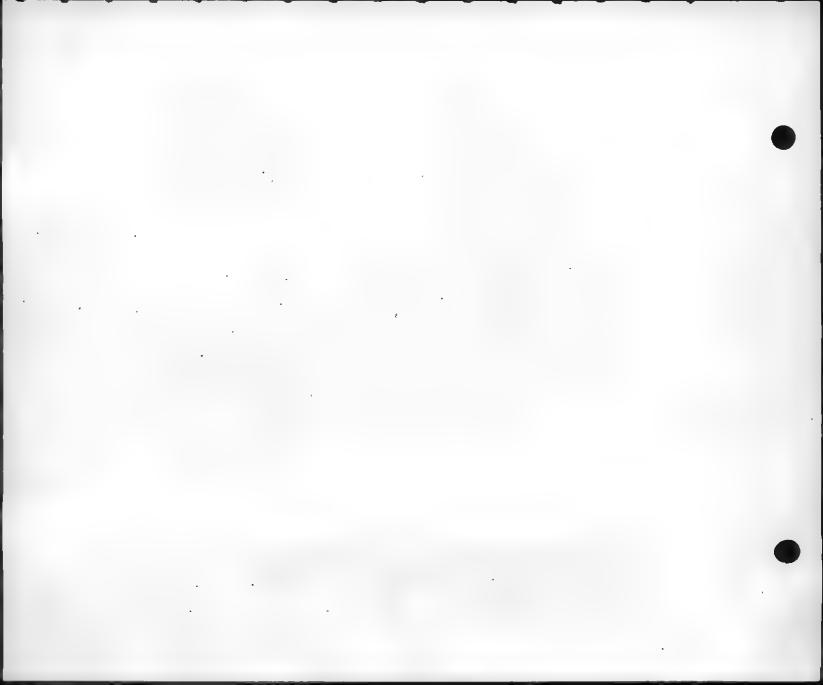


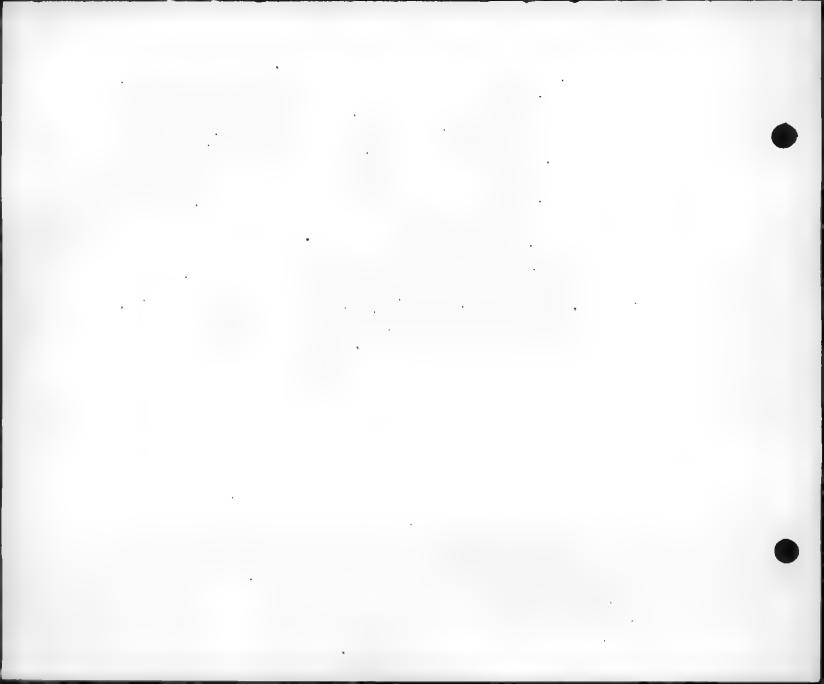
within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confidently filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANT OF DEATH (1) 2552

I	UZO 6.U	OEKTII IOAT	L OI DEATH		1. OUD
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)
	a. COUNTY TALL T		a. STATE AA A C	D. COUNTY	Hazel Ador
	h out on your discharge of	MARYLAND	/ / / / /	< THIND CY	DEEN LINIAE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OUT	side korporate ilmits, write RURA	L and give nearest town)
	EASTON	17/1	(HF	STEP	1.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	01.57	e. IS RESIDENCE
	M7 = 120 0111	, , ,			ON A FARM?
	1111-1110 KIAL				YES NO 🔀
3.		Middle	Last 4		Day Year
	(Type or print) E612ABI-	THY ADEL	NE. HUXTER	OF PATH	14 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	
	J. IMMRRIED [0	last, birthday) Months	Days Hours Min.
1	7 WIDOWED	DIVORCED [SCP1.9-189	9 66 yrs.	
	a. USUAL OCCUPATION (Give kind of work done 10b. KIN	D OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or foreign country) 12. (ITIZEN OF WHAT
00	ring most of working ilie, even if retired) INI	DUSTRY	PUECTED	MADVIANA	COUNTRY? //CA
12	D. FATHER'S NAME		LA NOTHERIO MAINTE	/ /// / WINE	03//
13	Canon I Hannin		14. MOTHER'S MAIDEN	NAME /	O A
	CARROW MARKIS		WILHELMI	NA SEWAL	RD
	. WAS DECEASED EVER INU S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Address	1. 1.
CY	es, no, or unkown) (If yes give war or dates of service)	8-20-6874M	DC CHAC F	DULLON- MVPI	Mills MA
-			13,41173,10	JIVLER - VU JU	TILLS I IV.
	18. CAUSE OF OEATH [Enter only one cause per lin	e for (a), (b), and (c).]	1 - 00		ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:	strucular	februlla	tion.	C () X . Z .
	1201				
	Conditions If any sublab)	to many	7 1 1 -	in tem	1 d.
	Conditions, If any, which (b) (b)	111140	ر, اور حواصدون	Lingson or it	
	cause (a), stating the DUE TO	tuin Co	- to 1 Co	+ 1	11 /
	underlying cause last. (c)	Charmacke	runce and	and distance	-(13 1 FK17)
15	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATIO					PERFORMED?
15	DAY ACCIDENT WAS UNDESTRUCED I OOF DE	000105 11001 11111101 000	appen in a second of the	The Book I are front to as the same	
RT	20a, ACCIDENT WAS UNDERLYING [] 20b. DE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCC	URKED. (Enter nature of inj	ury in Part I or Part II of Item 1	5.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJ	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town) (Co	ounty) (State)
ĕ	Hour a.m. While -	- Not While - facto	ory, street, office bldg., etc.)		
E	p.m. 19 at work!	at work		<u> </u>	
	21. I certify that (I) (this hospital) attended	I the deceased from	, 19	μc, to, 19_	, that (I) (we) last
	saw the deceased alive on	19, and tha	t death occurred at_lo_	A.M, from the causes and on	the date stated above.
	22a. SIGNATURE				DATE SIGNED
	Robert W Tre	M.I د ریسی	AFTENDING MED	STAFF ID	2-14-11
	22c. PHYSICIAN'S	1 − √ 1 , 1 W'	D. PHYS. DIR	ECTOR PHYS.	. 7 00
	NAME (Type) POOT IA	ITANIAA	220.	- May 0	
	VODCKI V	NIKENCE	- Casa	2 Transper	
23		23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or ci	ouπty) (State)
	BURIAL FEB. 17	STEVEN	SULLIF	STEVENSVILL	E MD.
20	1. FUNERAL DIRECTOR	ADDRESS C'HUK	CH HILL SEE REC'D	BY REGISTRAR 25b, REGISTRAL	R'S SIGNATURE
	51, 1°C & A	4/11 04	TEB 2	0 1000 001 4	o Judge
	cagoird Janel Ven Over	n vnigner	DOATE	1000	

VR AIS (4) 20M 1/65





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 leath. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 72 hours write RURAL and give nearest/town) hours days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE ON A FARM? 24 ND X YES within etely 3. NAME OF Middle DATE Last Month Day Year DECEASED OF 3 (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician ā during most of working life, even if retired) and KETIRED BANKING certificate removal, FATHER'S NAME MOTHER'S MAIDEN NAME Then Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SDCIAL SECURITY ND. the attent t permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Oll cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed I the burial-tra or to burial, cr DUE TO Conditions, If any, which gave rise to immediate 바 다 나 DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate for use detached for use to Dept. of Health for use Health PERFORMED? NO F hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) a After Hour a.m. While Not While at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 25+ce 27 F26 1966 DIRECTOR: Jage 3 should lied with the saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF 28 Fet 66 Wells? alles M.D. PHYS. DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S 22d. ADDRESS O FUNERAL 22c. director, p C'Astru (State) BURIAL CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 66 REC'D BY REGISTRAR 24. 25a. VR A15 (4) DATE 2DM



FOR STAFE-HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINEX: This certificate, writing the ward "pending in pencil in Item 18. Give Pages 1, z. universal processory, please execute the certificate, writing the Chief Medical Examiner's Office along with farm PM3 Page 5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the final fact began after death Health ar its designated agent, priar to burial, cremation, or remaval, and in any event within 12 hours after death TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If any delay is

VR A 15ME (3)

	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
	92279 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	0.357						
	PLACE OF DEATH O COUNTY TA D C MARYLAN	o. STATE residence (Where deceased led, if institution of the state of	ution Residence before odmission)						
	b C(TY OR TOWN (If outside corporate limits, write RURAL and prive nearest town)	n deralawr .							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS P. F. D. 47, Roy 109	e IS RES DENCE ON A FARM? YES [2] NO [
	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED	Lost 4. DATE MO OF DEATH OPEN OF STATE OF SIRTH 9 AGE (In years	9						
1	lale White WIDOWED DIVORCED	June 22, 1910 (35 yrs.	Months Doys Hours Min						
quit	usual Occupation (G ve kind of work done ing most of working life, even if retired) 100 KIND OF BUSINESS OR INDUSTRY		12 CITIZEN OF WHAT COUNTRY?						
13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME							
10	A A C DECEMBED FLOOR LC ADMED FORCESS	IZ. INFORMANT Add							
(Ye	ss, no, or unknown) (If yes give wor or dates of service) 2 3 5 1 1 - 9 3 5 7	17. INFORMANT Add Flared II. Moritt, Todorels							
	PART I DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMED ATE CAUSE (o) Loft entrico	lar Dilatation C Cardi	ac arrelet and Death						
	(ond tions, if ony, which gove) (see to immediate course (a)) (b) Carotid Sinus	eft Ventric	lar Second						
	stating the underlying couse DUE TO (c) Coronary Arts	v Selared a	15yrs						
_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		19 WAS AUTOPSY						
ATIO	old Inferior Myocardial Infarc	tio n	PERFORMED? YES NO						
CERTIFIC	206 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	RED (Enter nature of injury in Port I or Port II of item 18.)							
MEDICAI	20c TIME OF INJURY Month, Day, Yeor 20d Injury OCCURRED 20e While of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)						
	21. I certify that I took charge of the remains described above	e, held on Autopsy 🔲 , Inspection 🚚 , Ind	Jury , and in my opinion						
	deoth resulted from: Natural causes Accident [],	Suicide , Homicide , Undetermined r							
Ì	ACTUAL OF BLACE	CHIEF MEDICAL EXAMINER	22. DATE SIGNED						
	SIGNATURE / Caron VI Municipal Contraction of Contr	M D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2/22/66						
	EXAMINER'S NAME (Type) Harold B Plummer M. D.	Address (Street, city, town, or county)	2122/00						
23 n	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETER		own) (County) (State)						
	REMOVAL (Specify) 1 Fpb. 23, 1066 Junior Grd	CI CHECKINY,	days land						
-	LOW, Tiam stons In missian aboves of	1 1110 0 4000 07	registrar s signature						



Page 4 may be retained by the hospital or attending physician.

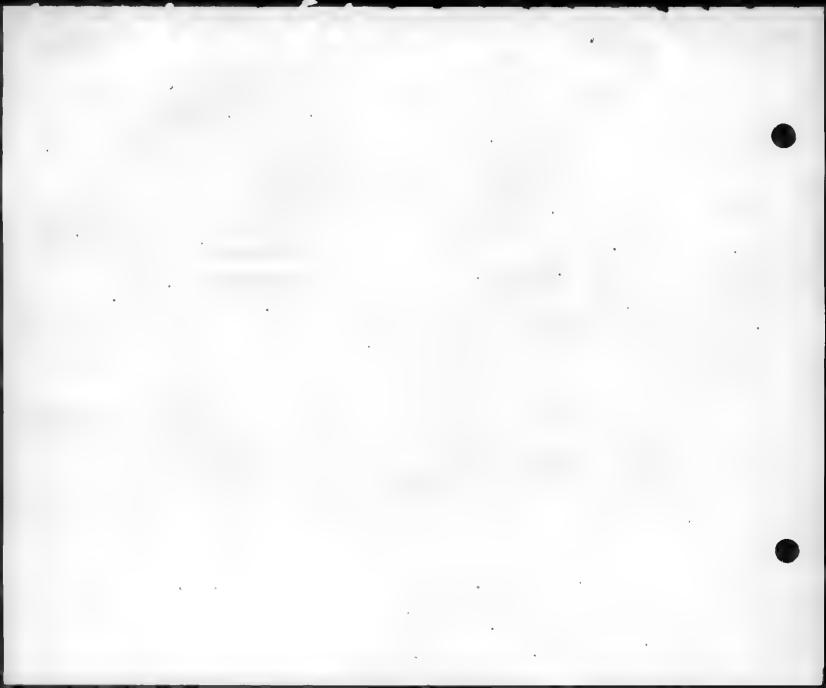
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02280
CERTIFICATE OF DEATH

	0140						
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE A (A C) b. COUNTY					
	TALBOT MARYLAND	MARYNAM ALBOI					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Eastah Gam	RUBAL EXSTEN					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Í	Memorial	YES P NO					
3.	NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print) Elijah Hehry	05TFAND DEATH 2 - 24-1966					
5.	A THE MANUEL WAS A STATE OF THE PARTY OF THE	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast birthday) Months Days Hours Min.					
100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	7-7-1087 8/ yrs.					
duri	er most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY?					
12	FATHER'S NAME	VAMICA, LENGLSLANDIN U.H					
13.	TAINERS NAME	14. MOTHER'S MAYDEN NAME					
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	NFORMANT Address					
	s, no now unknown) (if yes give war or dates of service)	T MN - DN F					
		RSLDA MINJOSTRAND NU, EASION					
11	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	O A INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	af hemorohage 6 days					
11	Conditions If you which I						
	conditions, If any, which gave rise to immediate (b) Alexander wessels we will be a condition of the conditions of the c						
	cause (a), stating the DUE TO underlying cause last.						
NON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
CERTIFICATION		PERFORMED? YES NO V					
晋	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)					
CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
E E		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)					
-	21. I certify that (I) (this hospital) attended the deceased from /	8 Feb 1966, to 24 Feb, 1966, that (1) (we) last					
		death occurred at 6 3 M, from the causes and on the date stated above.					
	22a. SIGNATURE	22b. DATE SIGNED					
	Alepher Carrier M.D						
	22c. PHYSICIAN'S Stephen P. Carney	22d. ADDRESS Easton, Md.					
23a							
2381	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)					
24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
2	Welither Ruston	TED DO 1000 Member Judge					
1	constant carry	DATE D 20 1950					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within \$4 bours after death.

Tage 4 may be retained by the Cospital or attending physician. TO FUNERAL DIRIGIOR. After this certificate ham been signed by the attending phys. (Inc. and completely filled in by the funeral director, nage 3 shauld in letached for use as the burial-transit permit. Then place i redove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 12881 CERTIFICAT	E OF DEATH (12859)
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
IAI bol MARYLAND	a. STATE Maryland b. COUNTY Talbox
b. CITY DR TOWN (if outside corporate limits, write BURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
EASTON 13 VA	Tilghman 20-1
d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?
Memorial Fostital	YES NO
3. NAME DF First / Middle	Last 4. DATE Month Day Year
(Type or print) COWARD Bugustine	ich Aruson Death 2 / 1966
5. SEX 6. COLOR OR RACE 7. MARRIED TO SEVER MARRIED	8. DATE DF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24HRS. last birthday) Months Days Hours Min.
male white WIDDWED // DIVORCED 104.USUAL OCCUPATION (cive kind of work done 10b. KIND DF BUSINESS OR	8/10/1903 62 yrs.
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT EPOHERY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jabe Edward Richardson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Truitt INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c);	interval between
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
122 IMMEDIATE CAUSE (a) Color Cat 1	12 14 15 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
Conditions, If any, which	erolee C/10 -
gave rise to immediate	
cause (A), stating the underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
PARTIL DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 202. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH	limeral YES NO
OR CONTRIBUTION COLORS OF DEATH	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
fact them are the fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
B p.m. 19 At work at work	
21. I certify that (I) (this hospital) attended the deceased from	1965, 19 to 2 (1) (we) last
	it death occurred at A S M, from the causes and on the date stated above.
22d SIGNATURE . 7 3 2/2/2 2 2 2 2 2 2 2 2	ATTENDING MED. STAFF 22b. DATE SICNED
224. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS.
MAME (Type) MI TERKEN	Allucince war
234. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 2/4/1966 Woodlaun Memo	rial Park Easton, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE
Marine to Neumand Sn EAston, V	Mid DATEFR 7. 1965 Williamles Judge

VR A15 (4) 20M 1/65

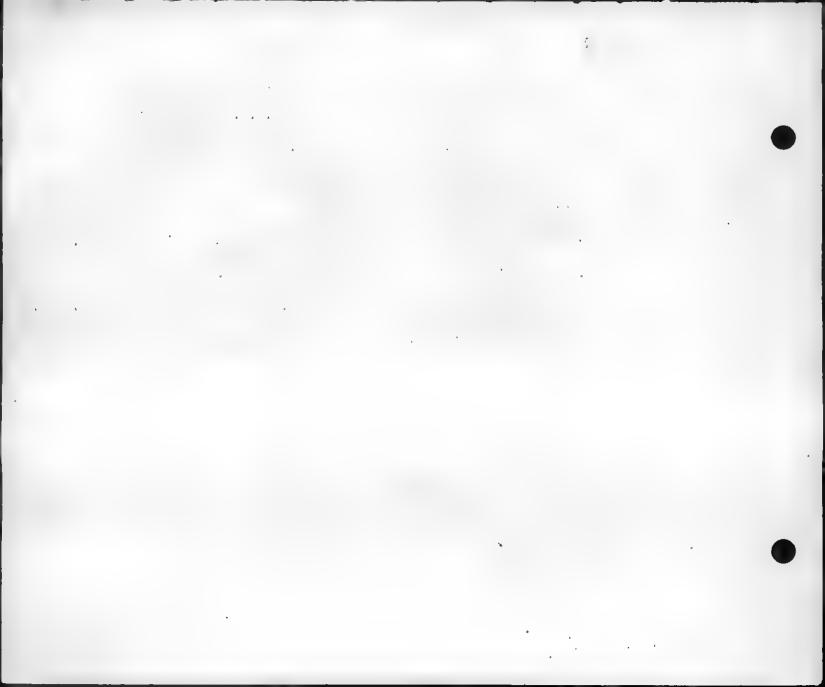


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any events within 72 hours after death. TO SOFITE BE RITENBING PRYSICIAN The lam requires that the leath certificate be experied within 14 hour after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	i
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
02882	CERTIFICATE OF DEATH	02860

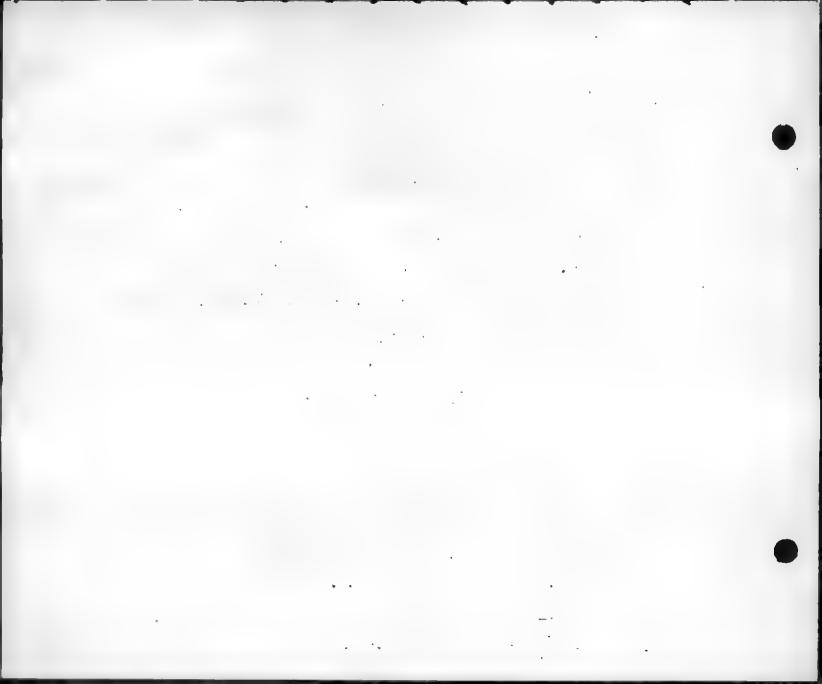
1. PLACE DF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a, STATE b. COUNTY Described to the control of the cont				
lallest MARYLAND	a. STATE Maryland b. COUNTY Dorchestet				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Eggs to a le days.	T.F.D. Frierola' r				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. (S RESIDENCE ON A FARM?				
mamaicel Hospital	7. T 4 1 - 20x 210 YES NO				
3. NAME DF First Pirst P	Lest 4. DATE Month Day Year				
(Type or print) Mrs. Lyda Mae	Cogers. DEATH 2. 21 1966				
7. INAUTED CAREER HORNTED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.				
Toma 1 WIDOWED DIVORCED	yrs.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? Dorchester County, Md. U.S.A.				
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME				
E. Lee Morris	Bertha E. Wheatley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address				
(Yes, no, or unkown) (If yes give war or dates of service)	l'ort o. or ers, Federalsburg, No. R.F.D				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O a 20 a INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	enal cell careciaena ONSEE AND DEATH				
DUE TO					
Cenditions, if any, which }					
gave rise to immediate cause (a), stating the DUE TO					
underlying cause last. (c)					
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORME 9.				
CAT	YES ND				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE 202. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRENTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)				
	Chata				
S 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work	AGE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)				
21 I certify that (I) (this bosnital) attended the deceased from	29 Rec = , 1965, to 21 Feb , 1966, that (1) (we) last				
saw the deceased alive on 2/7ct 1966 and tha	t death occurred at 1122M, from the causes and on the date stated above.				
22a. SIGNATURE	22b. DATE SIGNED				
/ Kees Tra Steeris Ru M.	D. ATTENDING MED. DIRECTOR PHYS. 22 Fib66				
PHYSICIAN'S NAME (TYPE) HURSTON HARRISON	22d. ADDRESS her harry land				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER					
Louis F. Louis Table 111 cu	125a, REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE				
from Lampson for Francisburg, the rylan	DATE EB 24 1968 A Clarker Jung				
1#	I DATE M T 1004				

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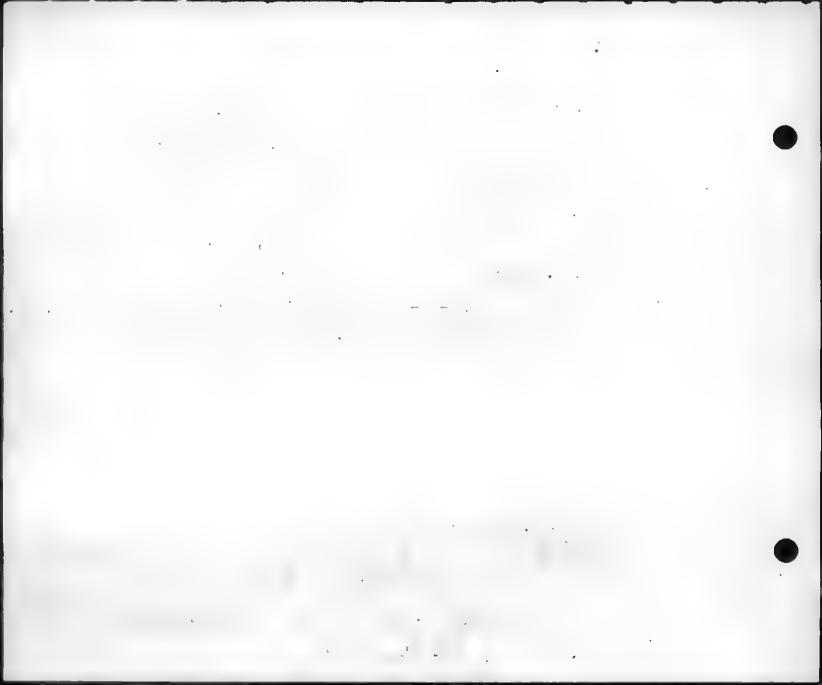


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland **b. COUNTY** Caroline affer MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers, 1-22 hours write RURAL and give nearest town) Ridgely E d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled within 72 ON A FARM? None NOcompletely 1 ve carbon p within 3. NAME OF DATE Month Middle Last DECEASED event, 1 (Type or print) 205 DEATH 19 a and con 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months I Days any White Jan. Male DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) c 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician 356 during most of working life, even if retired) None Maryland Loboror **■ertificat** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James E. Ross Katie Ireland attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) Mary Cole Ridgely, No Unknown Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: tending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. nas as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICAT NO [PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) ached i OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After p.m. at work at work retained 75 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should lied with the and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE be 0 ATTENDING page obert STAFF 5/66 DIRECTOR PHYS. M.D. Page 4 may HOSPITAL PHYSICIAN'S 22d. ADDRESS O FUNERAL 22c. director, p 2/15/66 NAME (Type) Maryland Easton. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Buria dgelv Ridgelv Mary 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR

20M



.1.	10	MARYLAND STATE DEPARTMENT OF HEALTH
1	. (M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
	funeral and death	1. PLACE DF DEATH a. COUNTY De COUNT
	0 0	a. COUNTY TAIDOT MARYLAND B. COUNTY Talbot
	rs after by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	ours in b Per	Easton
	4 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
	in 2 ity fi ithin	3. NAME DE FIRST MINING TASK LA DATE MORTH DAY YEAR
	uted ≡it≡in 24 hours af t completely filled in by t ove carbon papers. Page y event, within 72 hours a	3. NAME DF DECEASED (Type or print) Walter MARION SHARP Last 4. DATE Month Day Year OF DEATH 2 1966
	ted comj	5. SEX 6. COLOR OR BACE 7. MAGDIEDY NEVER MARDIED 8. DATE OF BIRTH 9. AGE (In years 1F INDER 1 YEAR HE LINDER 24 HRS.
	ememuted and com remove c	MIDOWED DIVORCED 11/24/1908 57 yrs. Months Days Hours Min.
		1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
	nleas and	Salesman retail Talbot, Maryland USA
	g physical	are morned minute minutes
	nding Information	Walter B. Sharp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	e death certificate be the attending physicial it permit. Then please lation, or removal, and	Yes, no, or unknwn) (If yes give war or dates of service) 216-03-7418 Katherine Marshall Sharp Easton. Md.
		18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), and (c).]
	The law remuires that the death or attending physician. The has been signed by the attures as the burial-transit permisaith prior to burial, cremation, or	PART 1. DEATH WAS CAUSED BY: ACUTE Myo Co-solid for tox choir ONSET AND DEATH
	ss that the hysician. Signed the irial-transition irial-transition irial-transition irial, cre	HOU! DUE TO
	uire g ph s n s n s n bul	Conditions, If any, which (b) (b)
	aw require	cause (a), stating the DUE TO underlying cause last. (c)
	atten atten has se as h prio	
	_ 0 =	YES AT NO □
	Z = T - 75	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	the hospital the hospital this certific detached for a Dept. of H	County C
		Hour a.m. While - Not While - tactory, succes, directing, sec.)
	D 55 7 2 85	21. certify that (!) this hospital) attended the deceased from
	OR LITEN f be retaine DIRECTOR: age 3 shoul lied with the	saw the deceased and an in the date stated above.
	<u></u>	ATTENDING MED. STAFF 22b. DATE SIGNED
	may be IAL DIR	ATTENDING MED. ATTENDING DIRECTOR PHYS. 7-21 (OC) 22c. PHYSICIAN'S PHYS. 22d. ADDRESS
	TO EDSTITE, Page 4 may TO FUNERAL director, pa should be fi	NAME (Type) L-C-H- SC/7/1966/ OVanly Mid
	Page 4 n FUNERA Girector, should be	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	1000	BURIAL 17EB 6, 1966 Greenlawn Cemetery (AMBRIDGE ///d.
	Im 415 40	24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS ADDRES
•	VR A15 (4) 20M 1/65	Jay N. Seven, Gaston, Md. DATEB 7 1956 granes grant
	** N	V //



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESPARCH AND RECORDS 301 W PRESTON STREET BALTIMORE 1 MARYLAND

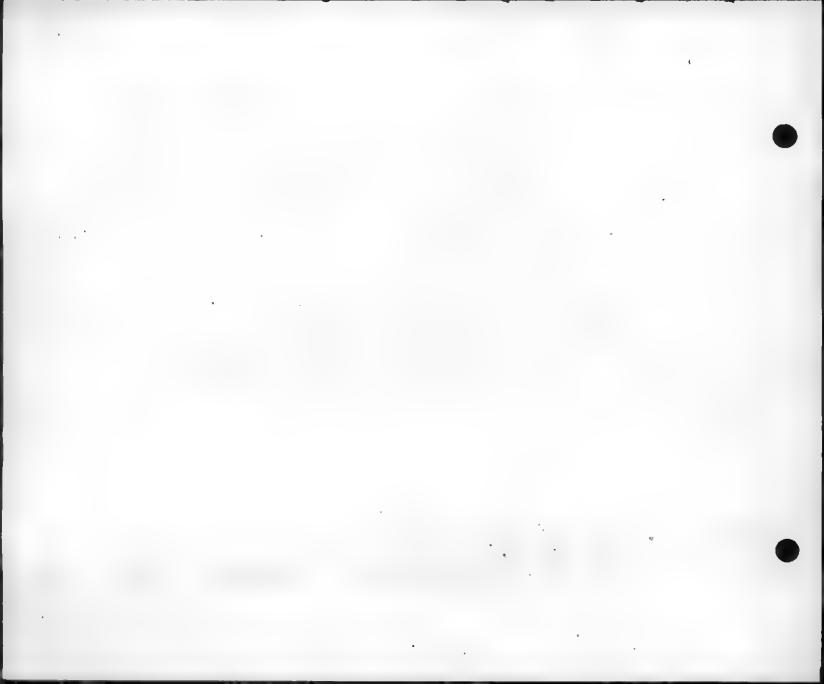
	72283)	DAE KESEF	CERTIF	FICATI	OF DEATH		, DALITHON	() 2	2563
1.	PLACE OF DEATH	Alber		MAI	RYLAND	2. USUAL RESIDENCE a. STATE	E (Where dece	ased lived, If insti b. COUNT		
	Write RURAL	N (if outside corpora and give nearest tow	⁽ⁿ⁾	c. LENGTH OF ST	A.		outside corpo	orate Ilmits, writ	e RURAL and	09-2
=		Lanory	H	Hosp ta	address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3.	NAME DF DECEASED (Type or print) SEX	1/ .	rst peck A	Middle		Last A S A S B DATE OF BIRTH	4. DATE OF DEATH	Month	8	Day Year 19 (- EAR IF UNDER 24 HRS.
77	'empto	Mc Yo	7. MARRIED WIDOWED	DIVOR	CEO 🔲	Se cet 10, 1	020	last birthday) j	Months Day	ys Hours Min.
1Da duri	ing most of workl	ION (Give kind of work ing life, even if retire EWOTK	done 10b. KI	ND OF BUSINESS I DUSTRY OTE	OR	South Car		or foreign country)	COAM	EN OF WHAT TRY? S.A.
13.	FATHER'S NAM	Asbury Sa	amuel			14. MOTHER'S MAID		a Samuel		
		VER IN U.S. ARMED FO (If yes give war or dates o	f service)	SDCIAL SECURITY	1	INFORMANT	0 15, 1	Address		,1
	PART I. DE	DEATH [Enter only on ATH WAS CAUSED BY ,IMMEDIATE CAUSE	: 161	t - Ce	Oli	tir				NTERVAL BETWEEN ONSET AND DEATH
	Conditions, If gave rise to cause (a), st underlying caus	Immediate DUE	(b) Xu	Bus	gue	thomas	bur			
CERTIFICATION			-			TED TO THE TERMINAL D				YES NO
	2Da. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING D NG D CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER) 20b. D	ESCRIBE HOW IN.	JURY OCCU	RRED. (Enter nature of	injury in Par	rt I or Part II of	Item 18.)	
MEDICAL	20c. TIME OF I Hour a.n p.n		Year 20d. IA While at york	Not While at work	20e. PLAG factor	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (0	City or town)	(County)) (State)
		y that (I) (tyl) bosi seased alive on	pital) Attende	the deceared		death occurred at	3 11 "	m the causes a		that (I) (we) last date stated above.
	22c. PHYSICIA NAME (Ty		CIY	Sc.hm	117	22d. ADDRESS	elm	M	ing.	lud.
	Burial (Spe	1 -	THEREDF	23c. NAME OF		OR CREMATORY Commeter;	Tear		g ~ 1.0	20 9
24.	ramete-	CTOR Frances	al Hor	ADDRESS	leases	Shew 2007 EB	20 BY REGIS	nn!	GISTRAR'S S	Judge

TO MOTIVE OF ATTENDING PEYSICIAN: THE faw requires that the death certificate by exacuted within 24 yours after Teath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleasesteaning carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after feath.

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1/65 AF5

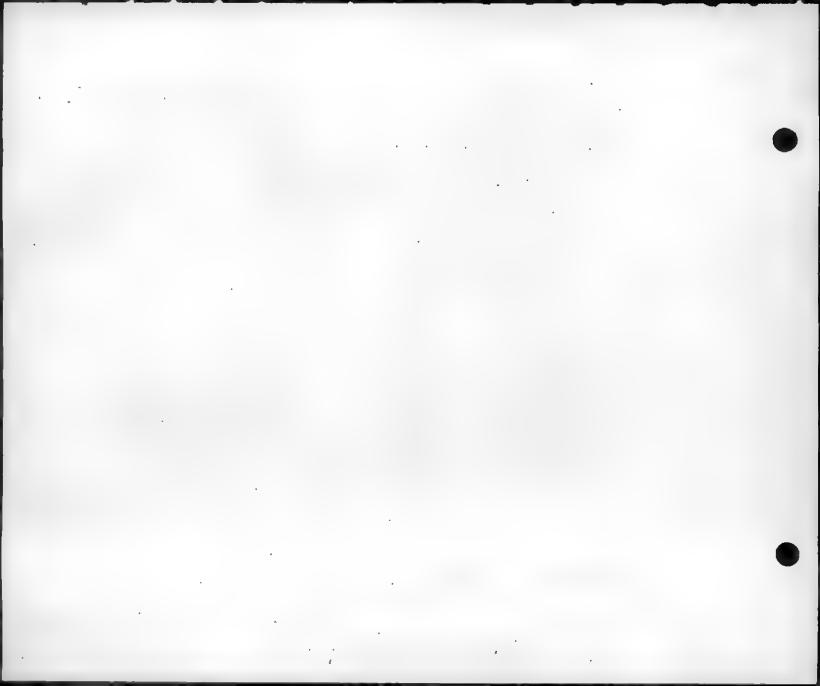
VR.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FINERAL DESCRIPTION After this certificate las been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit lermit. Then please remove action papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

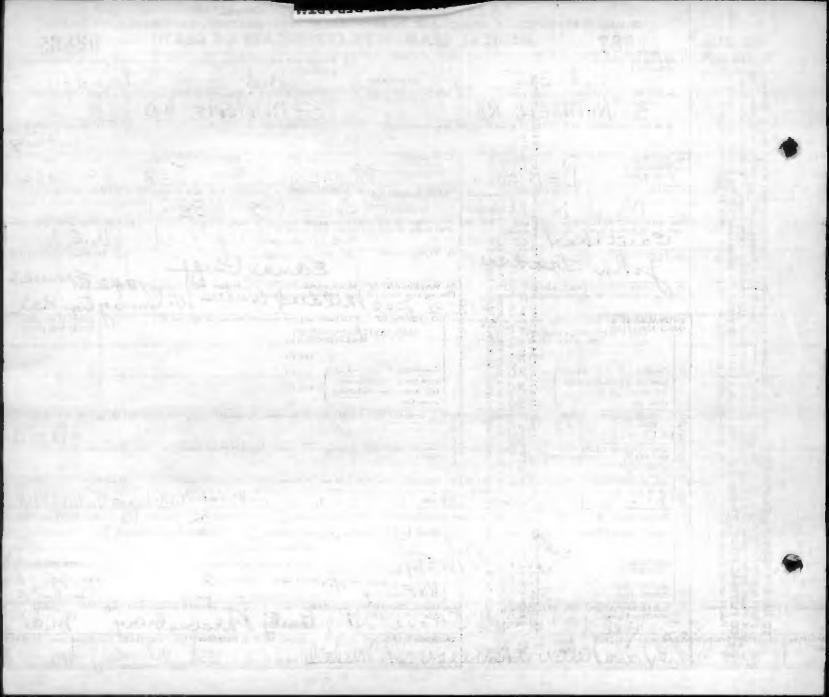
VR AI5 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	22286	CERTIFICATE	E OF DEATH		02564
1.	PLACE OF DEATH a. COUNTY		- 4	e deceased lived, If institution: Re	sidence before admission)
	IAIDAT	MARYLAND	a. STATE MARY	AND b. COUNTY -TI	What
	b. CITY DR TOWN (if outside corporate limits,	c. LENGTH DF STAY IN 1b	c. CITY OR JOWN (If outside	corporate limits, write RURAL	and give nearest town)
	write RURAL and give nearest town)		Felled -	B-12. 1301	538
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	an Isola	. IS RESIDENCE
	ME-MORIAL M	OSPITAL		/	YES NO
3.	NAME OF First	Middle	Last 4. DA	TE Month	Day Year
	(Type or print) MARK	DANA	homas DE	EATH 2	26 1966
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	LATE OF BIRTH	9. AGE (in years IF UNDER I	YEAR IF UNDER 24 HRS. Days Hours Min.
	M COL WIDOWE	D DIVORCED	1114/64	2 yrs.	Days Hours Hills
10a dur	a. USUAL OCCUPATION (Give kind of work done 10b. ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & B		TIZEN OF WHAT
			1000	et Mi	ast 1
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E /i/a	
1	HIDERT LIHOMA	2 5	GENIEVIER	BI WEDY	,
15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 es, ng, or unkown) (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17	INFORMANT	Address	1. 5.1
(• •	No	1 Ze	somere D.	10057 - Coul	on ord
	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	\		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PNEHMON	JIA		ONSET AND DEATH
	493X DUE TO				de la
	Conditions, if any, which				
	gave rise to immediate Cause (a), stating the DUE TD				
	underlying cause last. (c)				
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT					PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of Injury I	n Part I or Part II of Item 18.)	
CER	DR CONTRIBUTING CAUSE OF DEATH ((IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year 20d.			f. (City or town) (Cour	ity) (State)
MEDICAL	Hour a.m. While p.m. 19 at we	in had willing had	y, street, office bldg., etc.)		
Σ	p.m. 19 (at wo		2-26,1966	40 J- 7/6 10/1/	a that (I) (wa) last
		6 10 66 and that	death occurred at 5 4 M	from the causes and on the	e date stated above
	22a. SIGNATURE)	death bootier, at a m	22b. DA	TE SIGNED
	John & Bank	M.D.	ATTENDING MED.	R PHYS. D	- 2 Co. 60 b
	220 PHYSICIAN'S	1 -11 -1	22d. ADDRESS	A	
	CNAME (Type) John E. B	AUDUIT UD	205 Earlet	tue LASION	MG
23a	A. BUTAL, CREMATION, 23b. DATE THEREOF	230. NAME OF CEMETERY	OR CREMATORY _ 23d.	LOCATION (City, town or cou	nty) (State)
	X200000 0- 2 -60	o Kark	2 Cemelery	120xxe	Maryfred
24	. FUNERAL DIRECTOR	_ ABDRESS	25a. RĘC'D BY R		
4	1, mes 18 1245h	1011 E15 to	2-MO OHER 2	1936 Polisiles	Judge



TENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY If any delay is necessary, the funeral director. Page retained for your files. b. COUNTYö DI MARYLAND Department death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give neerast lown) MICHAE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State rs after YES NO S 4. DATE 3. NAME OF Middle First Day Last Month Yes DECEASED OF Je 5 ms. be 1 and 2 kmm. (Type or print) DEATH 19 66 5. SEX 6. COLOR OR RACE DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours Min. 0 WIDOWED DIVORCED within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY foreign sountry) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if relired) are tako N in any event File pages 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes; no, or unknown) [(If yes give war or dates of service) and Examiner's Office along with should be executed 18. CAUSE OF DEATH [Enter only one cause-par line for (a), (b), and (c). INTERVAL BETWEEN of removal. burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) cremation "pending" gava rise to Immadiate couse ro. **DUE TO** Se (e), stating the underlying This certificate course lost, be used (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO TI 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) prior to PRIMARY OF CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 4 should be forwarded to the Chie

O FUNERAL DIRECTOR: Page
Health or its designated agent, pri 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While fectory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 224 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF OR CREMATORY 22d, LOCATION (City, town, or county) (State REMOVAL (Specify) a FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR AISME 5M 1/63



September 1 - June

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and 270 F S Commerce

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